Missouri Women's Health Council
Meeting Minutes
November 9, 2018

Members Present	Karlyle Christian-Ritter, Colleen Coble, Sandra Jackson, Sue Kendig, Katherine Mathews, Karen Edison, Eboni January, Pat Clay, Bridget McCandless, Emily van Schenkhof, Wendy Doyle
Members Absent	Teri Ackerson, Paula Baker, Daphne Bascom, Danielle Felty, Alyson Harder, Sherry Maxwell, Padma Veligati, Mary McLennan, Gay Purcell, Melissa Terry, Katie Towns, Denise Willers, Rachel Winograd, Denise Wilfley
Department of Health and Senior Services (DHSS) Staff	Randall Williams via phone, Tracy Henson
Department of Mental Health (DMH) Staff	Natalie Cook
Guests	Alex Rankin, Erin Elliot, Sharmini Rogers
Topic/Presenter	**Discussion**
Welcome	The meeting of the Missouri Women's Health Council (WHC) was called to order by Vice Chair Sue Kendig at 9:00 a.m. Introductions followed.
Department of Mental Health Update	Natalie Cook, Manager of Integrated Care within the Division of Behavioral Health at DMH, provided an overview of DMH's programs, indicating they have several projects they do in partnership with the Department of Social Services (DSS), MO HealthNet. Beginning in 2010, the projects target persons with a serious mental illness or serious substance use disorders and other chronic health conditions. Nurses in their mental health centers do more primary care screenings and began doing metabolic syndrome screening to identify issues that were not being identified and treated. This became the Community Mental Health Center Health Care Homes program under a Medicaid state plan amendment. There are 26 Community Mental Health Center Health Care Homes. They target individuals with severe mental illness and other chronic health conditions that include diabetes, hypertension, asthma and COPD, if they smoke, if they are overweight, as well as developmental disabilities. They, at any time during the year, have about 24,000 individuals enrolled through their mental health centers. Over the past six years, programs have been successful in improving outcome measures within the population. The state plan is being revised to be more inclusive of children. In addition to integrative services, Natalie serves as Women's Service Coordinator. Substance use disorder treatment centers that are specific for women and children are called comprehensive substance treatment and rehabilitation (CSTARs). There are ten Women and Children CSTAR providers in the state, operating in over 40 sites across the state. Women and Children (W&C) CSTARs provide gender specific services and offer daycare so that mothers can bring their children with them into treatment. W&C CSTARs are located in urban and rural areas. The priority populations for the services are: pregnant women who inject drugs receive services immediately; pregnant women using any drugs also receive services immediately; and women who have children are also a priority. W&C CSTAR programs have a variety of funding. They are starting a pilot where children's

	division can use foster care maintenance dollars which would go to foster care placement if the child was removed. The funds can now be used for children placed with their mother in residential treatment programs, so if the child is going to treatment with mom, the treatment center can get funding to help house the child so the child can stay with mom. The providers have to be trauma informed; they are starting with a provider in southwest Missouri because they have done well with the trauma informed model. They have been working with the children's division office in southwest Missouri and will be doing education with the family courts to ensure the courts understand the benefits of having the child with the mother while she is in treatment. The pilot provider is Lafayette House. Natalie indicated this is new legislation that became law in February of 2018 and effective in October 2018. Natalie also talked about the state opioid response grant funding. She was able to get placeholders for the Bupinorphrene waiver training for medical providers who serve women specifically. They will be working to roll out trainings for OB/GYNs so that more women will have access to medication-assisted treatment. The other opioid grant is the state target response grant, and they have a listserv for it. Natalie will send the information on how to enroll in the listserv. (https://missouriopiodstr.org/) Natalie indicated they are rolling out a mobile app pilot with one of their W&C CSTAR programs in St. Louis, MO. The app was developed at Washington University. It will allow the woman to have a direct link to someone to talk to when she is not in the treatment center. Natalie indicated they are partnering with the Missouri Hospital Association to address Neonatal Abstinence Syndrome (NAS). They have a position that will be dedicated to education with hospitals on NAS and pregnant women with substance use disorders. They hope to get a guideline for NAS and get that implemented with all of the birthing centers in the state so everyone is operating on the same level.
Update on Council Charter and Review of Survey Results	Teri Ackerson revised the WHC's governance policies based on discussion from the August WHC meeting. Copies were provided in the meeting folder. Sue provided an overview of the September survey results. There was confusion as to whether the survey question regarding length of term referred to the individual's desired length of term, or recommendation for all members' length of term. **Action:** It was decided that an email would follow asking each member to verify the length of term they wished to serve on the WHC – one, two or three years. **Person Responsible:** Karen Kliethermes
Council Direction	Sue indicated the WHC has been together for a year and meets every three months. She acknowledged the decline in attendance, and asked how members see the WHC now and what the potential is for the WHC. Member discussion included the following: It would help to know that the WHC recommendations are taken seriously, acted upon, and an update given by Dr. Williams in regard to the recommendations to indicate that the WHC is actually making a difference. Sue indicated that she was not sure that there had been a recommendation given to Dr. Williams to act on, but agreed that does need to be one of the foundations. When the Advocacy Workgroup comes out with their recommendation of key items of interest, the WHC will request feedback from Dr. Williams as to the DHSS's plans for the recommendations. It was indicated that there needs to be a way of setting

	goals and looking at outcomes to have a way of monitoring what the WHC is doing.
Workgroup Updates	**Executive Leadership Team** - No report. **Data Workgroup** - Katherine Mathews gave an update for the Data Group. Katherine and Melissa Terry met with Venkata Garikapaty, DHSS lead epidemiologist. Katherine provided a power point presentation on the different kinds of data that are available from DHSS. Slides from her presentation were included in the meeting folder. **Advocacy Workgroup** - Emily van Schenkhof gave an update for the Policy Group and indicated the group met twice since August. The first call was to determine what topics the group was interested in addressing and what the group's role was. She noted the role of the WHC is to advise the DHSS and Dr. Williams, and to some degree, the executive branch of Missouri state government on issues and priorities concerning women's health. Emily presented the issues the workgroup discussed and solicited feedback from the WHC. The WHC recommended to add the DHSS and DSS data-sharing issue to their agenda. Members also recommended considering statements regarding convicted felons' ability to own guns and providing access to feminine hygiene products for women in corrections. **Action:** The Advocacy Workgroup intends to create a comprehensive document outlining WHC key priorities and recommendations. The workgroup will refine the document throughout January for presentation to the WHC. Emily will draft the policy piece and send emails to who she believes will be the best fit to write brief rationales for each priority/recommendation. **Person Responsible:** Emily van Schenkhof **Conference Workgroup** - Karen Edison thanked everyone who participated in the Women's Health Policy Summit on October 25th and gave an overview of the topics and presenters. There was a discussion on what the members took away from the summit. Two WHC members recommended adding Michelle Trupiano, Executive Director of the Missouri Family Health Council, to the WHC. It was noted the WHC is currently updating the governance document, which will address addition of new members. The group recommended that a letter introducing the WHC and detailing the top five lessons from the summit be created and sent to legislators and key government staff. There was a discussion as to whether the WHC needed the DHSS's permission to send the letter to legislators. **Action:** The WHC will ask Dr. Williams for permission to send the letter to the legislature. **Person Responsible:** Sue Kendig **Action:** Draft the letter for review and distribution. **Persons Responsible:** Karen Edison and Sue Kendig (co-chairs of the summit)
Next Steps	**Interdepartmental collaborations** - Members discussed the value of having the DHSS and DSS both present and actively engaged with WHC activities. WHC members are appointed by the Director of DHSS, and the WHC reports to the Director per statute. However, given the importance of other departments to improving women's health, the group discussed mechanisms to reach the most relevant departments, such as DSS, DMH, and others. The WHC would like to

	explore if they can issue reports to other departments via an interdepartmental agreement. Ad hoc representation from each of the departments at WHC meetings is helpful. **WHC Recommendations -** Members discussed the importance of being proactive as a council and discussed moving forward with the policy workgroup work and formalizing statements on key issues affecting women's health. The group was reminded that their work and documents are subject to Missouri Sunshine Law, so would be publicly available to inform stakeholders throughout the state. A recommendation was made to look at the white papers from early 2000 and update them. Discussion followed. **Action:** Members will work in small groups to evaluate the original WHC white papers and make recommendations for updating, revising, or supplementing the work. Initial recommendations regarding the papers will be made by the end of January. **Person Responsible:** Sue Kendig will send an email to the WHC asking for volunteers to work in groups to review each of the old white papers.
Council Update to Dr. Williams Based on Morning Discussion	**WHC Vice Chair Update -** Sue provided an update on maternal mortality work on behalf of Dr. Williams. Missouri is in the process of applying to be an AIM (Alliance for Innovation in Maternal Health) state. DHSS is also in the process of building a perinatal collaborative. The Missouri Hospital Association, DHSS, Sue Kendig, and representatives from Missouri ACOG and AAP are working on the initial convening, scheduled for December. Sue announced on behalf of Dr. Williams, that DHSS is creating a Director, Office on Women's Health position. They are seeking to hire someone with a women's health, policy, and public health background. Sue thanked Sharmini Rogers and Natalie Cook for attending the meeting, staying to hear the deliberations, and welcomed their input. She invited both to join us at WHC meetings whenever their schedule permits and hoped that more people from the departments will attend WHC meetings to provide input. Sue provided the following summary of the WHC meeting and recommendations to Dr. Williams when he joined via telephone: **White Paper Review:** WHC members will review the white papers generated by the original WHC in early 2000 as they address many of the topics the current WHC has discussed over the past year. Following review, WHC members will make recommendations as to topic relevance, updates, and progress in the topic areas. We anticipate completing the initial review by end of January 2019. Dr. Williams agreed with this approach. **Advocacy Workgroup:** The Advocacy Workgroup is working to identify policy priorities to recommend to DHSS. The workgroup is drafting a brief priorities document that outlines key priority recommendations and the WHC's rationale. Upon completion, the draft will be circulated to the WHC for comment. We anticipate having a final document available for Dr. Williams' review by the need of first quarter 2019. Dr. Williams agreed with this approach and looks forward to receiving the document. **Conference Follow-up:** The WHC would like to leverage learnings from the

	Women's Health Policy Summit as a means to raise awareness of the WHC's work with policy makers, legislators, and the general public. Sue Kendig and Karen Edison, as the conference co-chairs, will send a letter to policy makers outlining the top five learnings from the summit, recognizing that women's health issues are a priority in our state. Dr. Williams agreed with this plan. **Interdepartmental Work of the WHC:** The WHC was created with the intent to inform DHSS of their recommendations and share insights regarding policies and programs and other pertinent activities. During today's meeting, WHC members acknowledged the importance of other state departments and agencies in affecting women's health and the important information these departments bring to the WHC. WHC members believe it is important to support interdepartmental work in women's health. The WHC requests that their recommendations and input be available to other departments, perhaps via an interdepartmental agreement. Dr. Williams indicated that was fine.
Dr. Williams' Report to the WHC	**Opioids:** For 2018 Dr. Williams indicated the trajectory for opioid related deaths will be around the same as the previous year - 1,000 or slightly higher. The emergency operations center in St. Louis is open, and teams are going out in real time when an overdose is reported. He indicated DHSS is applying for the Healing Communities Grant. There was a discussion with the legislature about advancing a statewide statutory prescription drug monitoring program (PDMP). **DHSS Personnel Changes:** Dr. Williams talked about personnel changes, including: Adam Crumbliss joined DHSS as the Chief Division Director and Director of the Division of Community and Public Health. He came from the House of Representatives where he served as the Chief Clerk and Administrator. Richard Moore is the new DHSS Chief Counsel. He previously served as Senior Counsel to the Missouri House of Representatives. The former Speaker of the House, Todd Richardson, is the new MO HealthNet (Medicaid) Director. Dr. Williams indicated that DHSS is reorganizing and looking for someone who will head all of women's health, per Sue's earlier announcement. DHSS is also preparing for implementation of the medical marijuana statute and will be hiring 100 people for implementation by next fall. **Miscellaneous policy update:** On November 27th DHSS will present to the legislature and governor the campaign for Home and Community Based Services. DHSS remains concerned about the outcomes for the measles, mumps, and rubella (MMR) vaccinations. Dr. Williams talked about the flu campaign and indicated that 42% of Americans were vaccinated last year. Sue asked about the top five policy changes, and Dr. Williams responded with Home and Community Based Services, rural healthcare access, PDMP, perinatal collaborative and AIM, and increased vaccination rate.
Adjournment	With no further questions, the meeting concluded at 1:00 p.m.
Next Meeting	**March 8, 2019 Harry S Truman Building, Room 750, 9:00-1:00**